No. W 25920		Due no later than Sep 30, 2005	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.	GREG DATE 4459 E SELTICE WAY POST FALLS ID 83854 0000			
700 WEST JEFFERS(PO BOX 83720 BOISE, ID 83720-008		STORERITE SYSTEMS LLC GREG DATE 4459 E SELTICE WAY POST FALLS ID 83854 0000	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		POST FALLS 1D 63634 0000	3. <u>New</u> Register	cu Agent 3	igriature.	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER GREG DATE		1602 E SELTICE STE A 320	POST FALLS	ID		83854
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
DELAWARE W 25920		Signature: Gregory F. Date	Date: 10/17/2005			
		Name (type or print): Gregory F. Date	Title: manager			
Processed 10/17/2005		* Electronically provided signatures are accepted as original signatures.				